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30542 7590 05/04/2004

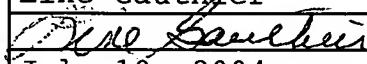
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Line Gauthier	(Depositor's name)
	(Signature)
July 19, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,401	12/21/2001	Roger A. Sabbadini	078853-0306	2137

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR THE TREATMENT AND PREVENTION OF CARDIOVASCULAR DISEASES AND DISORDERS, AND FOR IDENTIFYING AGENTS THERAPEUTIC THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/04/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
LEARY, LOUISE N		1654	435-004000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medlyte, Inc.

San Diego, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee
 Advance Order - # of Copies 10 (\$30)

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- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0872 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Richard San Pietro (Date) July 19, 2004

Richard San Pietro (Req. 45,071)

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/22/2004 HDEMESS2 00000042 10029401

01 FC:2501	665.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP

TRANSMIT THIS FORM WITH FEE(S)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:

Roger A. Sabbadini

Title:

COMPOSITIONS AND METHODS FOR
THE TREATMENT AND PREVENTION
OF CARDIOVASCULAR DISEASES
AND DISORDERS, AND FOR
IDENTIFYING AGENTS
THERAPEUTIC THEREFOR

Appl. No.: 10/029,401

Filing Date: 12/21/2001

Examiner: Louise N. Leary

Art Unit: 1654

Batch No.:

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Box 1450, Alexandria, VA 22313-1450, on the date below.

Line Gauthier

(Printed Name)

July 19, 2004

(Date of Deposit)

Mail Stop Issue Fee
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Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$995.00 for payment of the Issue Fee, Publication Fee, and ten additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Date July 19, 2004

Respectfully submitted,

By Richard San Pietro

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Richard San Pietro
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